

REQUEST FOR MEDIATION  
IDAHO WORKERS' COMPENSATION

Attention: Dennis Burks, Industrial Commission  
PO Box 83720, Boise, ID 83720-0041  
Phone: (208) 334-6000 Fax #: (208) 334-5145

**Please complete form in detail:**

I.C. Claim # \_\_\_\_\_ NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ Complaint Filed? \_\_\_\_\_ Yes \_\_\_\_\_ No

REQUEST/REFERRAL DATE: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

**PREFERRED LOCATION OF MEDIATION:**

\_\_\_\_\_ BOISE \_\_\_\_\_ IDAHO FALLS \_\_\_\_\_ COEUR D'ALENE  
\_\_\_\_\_ TWIN FALLS \_\_\_\_\_ LEWISTON \_\_\_\_\_ POCATELLO

ISSUES TO MEDIATE: \_\_\_\_\_

**This box to be completed by mediator:**

Mediation #: \_\_\_\_\_

Date and Time Mediation Scheduled: \_\_\_\_\_

PARTIES AND ADDRESSES

CLAIMANT: (If Pro-Se)

CLAIMANT ATTORNEY:

EMPLOYER:

DEFENDANT ATTORNEY

SURETY: